VACCINATION
Dispelling the Myths

An examination of immunisation theory and practice exposes fatal flaws that warrant serious consideration and urgent action by health officials, doctors and the public.

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CONTRADICTIONS BETWEEN MEDICAL SCIENCE & IMMUNISATION POLICY

When my son began his routine vaccination series at age two months, I did not know there were any risks associated with immunisations. But the clinic's literature contained a contradiction. The chances of a serious adverse reaction to the DPT vaccine were one in 1,750, while the chances of dying from pertussis were one in several million. When I pointed this out to the physician, he angrily disagreed and stormed out of the room, mumbling, "I guess I should read that sometime..."

Soon thereafter I learned of a child who had been permanently disabled by a vaccine, so I decided to investigate for myself. My findings have so alarmed me that I feel compelled to share them; hence this report.

Health authorities credit vaccines for disease declines, and assure us of their safety and effectiveness. Yet these seemingly rock-solid assumptions are directly contradicted by health statistics, medical studies, US Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) reports, and reputable research scientists from around the world. In fact, infectious diseases declined steadily for decades prior to the introduction of vaccinations. US doctors report thousands of serious vaccine reactions each year, including hundreds of deaths and permanent disabilities. Fully vaccinated populations have experienced epidemics, and researchers attribute dozens of chronic immunological and neurological conditions to mass immunisation programs.

There are hundreds of published medical studies documenting vaccine failure and adverse effects, and dozens of books written by doctors, researchers and independent investigators that reveal serious flaws in immunisation theory and practice. Ironically, most paediatricians and parents are completely unaware of these findings. However, this has begun to change in recent years as a growing number of parents and healthcare providers around the world are becoming aware of the problems and are starting to question the use of widespread, mandatory vaccinations.

My point is not to tell anyone whether or not to vaccinate, but rather, with the utmost urgency, to point out some very good reasons why everyone should examine the facts before deciding whether or not to submit to the procedure. As a new parent I was shocked to discover the absence of a legal mandate or professional ethic requiring paediatricians to be fully informed, and to see first-hand the prevalence of physicians who are applying practices based on incomplete information—and, in some cases, outright misinformation.

Though only a brief introduction, this report contains sufficient evidence to warrant further investigation by all concerned, which I highly recommend. You will find that this is the only way to get an objective view, as the controversy is a highly emotional one.

A note of caution... Be careful trying to discuss this subject with a paediatrician. Most have staked their identities and reputations on the presumed safety and effectiveness of vaccines, and thus have difficulty acknowledging evidence to the contrary. The first paediatrician I attempted to share my findings with yelled angrily at me when I calmly brought up the subject. The misconceptions have very deep roots.

VACCINATION MYTH #1: "Vaccines are completely safe." ...or are they?

The FDA's VAERS (Vaccine Adverse Effects Reporting System) receives about 11,000 reports of serious adverse reactions to vaccination annually, some 1% (112+) of which are deaths from vaccine reactions.[1] The majority of these reports are made by doctors, and

the majority of deaths are attributed to the pertussis (whooping cough) vaccine—the "P" in DPT. This figure alone is alarming, yet it is only 'the tip of the iceberg'.

The FDA estimates that only about 10% of adverse reactions are reported[2]—a figure supported by two National Vaccine Information Center (NVIC) investigations.[3] In fact, the NVIC reported that, "In New York, only one out of 40 doctor's offices [2.5%] confirmed that they report a death or injury following vaccination"—so 97.5% of vaccine-related deaths and disabilities go unreported there. Implications about the integrity of medical professionals aside (doctors are legally required to report serious adverse events), these findings suggest that vaccine deaths actually occurring each year [in the US] may be well over 1,000.

With pertussis, the number of vaccine-related deaths dwarfs the number of disease deaths, which have been about 10 annually for recent years according to the CDC, and only eight in 1993, the last peak-incidence year. (Pertussis runs in three-to-four-year cycles, though vaccination certainly doesn't.) Simply put, the vaccine is 100 times more deadly than the disease. Given the many instances in which highly vaccinated populations have contracted disease (see Myth #2), and the fact that the vast majority of disease declines this century occurred before compulsory vaccinations (pertussis deaths declined 79% prior to introduction of vaccines; see Myth #3), this comparison is a valid one—and this enormous number of vaccine casualties can hardly be considered a necessary sacrifice for the benefit of a disease-free society.

Unfortunately, the vaccine-related deaths story doesn't end here. Both national and international studies have shown vaccination to be a cause of SIDS.[4,5] (SIDS is "sudden infant death syndrome", a 'catch-all' diagnosis given when the specific cause of death is unknown. Estimates range from 5,000 to 10,000 cases each year in the US.) One study found the peak incidence of SIDS occurred at the ages of two and four months in the US—precisely when the first two routine immunisations are given,[4] while another found a clear pattern of correlation extending three weeks after immunisation. Another study found that 3,000 children die within four days of vaccination each year in the US (amazingly, the authors reported no SIDS/vaccination relationship), while yet another researcher's studies led to the conclusion that half of SIDS cases—that would be 2,500 to 5,000 infant deaths in the US each year—are caused by vaccines.[4]

There are studies that claimed to find no SIDS-vaccine relationship. However, many of these were invalidated by yet another study which found that "confounding" had skewed their results in favour of the vaccine.[6] Shouldn't we err on the side of caution? Shouldn't any credible correlation between vaccines and infant deaths be just cause for meticulous, widespread monitoring of the vaccination status of all SIDS cases? In the mid-1970s the Japanese raised their vaccination age from two months to two years; their incidence of SIDS dropped dramatically.

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In spite of this, the US medical community has chosen a posture of denial. Coroners refuse to check the vaccination status of SIDS victims, and unsuspecting families continue to pay the price, unaware of the dangers and denied the right to make a choice.

Low adverse-event reporting also suggests that the total number of adverse reactions actually occurring in the US each year may be more than 100,000. Due to doctors' failure to report, no one knows how many of these are permanent disabilities, but statistics suggest that these are several times the number of deaths (see "petitions" below). This concern is reinforced by a study which revealed that one in 175 children who completed the full DPT series suffered "severe reactions",[7] and a doctor's report for attorneys which found that one in 300 DPT immunisations resulted in seizures.[8]

England actually saw a drop in pertussis deaths when vaccination rates dropped from 80% to 30% in the mid-1970s. Swedish epidemiologist B. Trollfors' study of pertussis vaccine efficacy and toxicity around the world found that "...pertussis-associated mortality is currently very low in industrialised countries and no difference can be discerned when countries with high, low and zero immunisation rates were compared." He also found that England, Wales and West Germany had more pertussis fatalities in 1970 when the immunisation rate was high, than during the last half of 1980 when rates had fallen.[9]

Vaccinations cost us much more than just the lives and health of our children. The US Federal Government's National Vaccine Injury Compensation Program (NVICP) has paid out over US$724.4 million in taxpayers' dollars to parents of vaccine-injured and vaccine-killed children. The NVICP has received over 5,000 petitions since 1988, including over 700 for vaccine-related deaths, and there are still some 2,000 total death and injury cases pending that may take years to be resolved.[10]

Meanwhile, pharmaceutical companies have a captive market. Vaccines are legally mandated in all 50 US states (though legally avoidable in most; see Myth #9), yet these same companies are 'immune' from accountability for the consequences of their products. Furthermore, they have been allowed to use 'gag orders' as a leverage tool in vaccine-damage legal settlements to prevent disclosure of information about vaccination dangers to the public. Such arrangements are clearly unethical; they force a nonconsenting American public to pay for vaccine manufacturer's liabilities, while attempting to ensure that this same public will remain ignorant of the dangers of their products.

It is interesting to note that insurance companies (who do the best liability studies) refuse to cover vaccine adverse reactions. Profits appear to dictate both the pharmaceutical and insurance companies' positions.

VACCINATION TRUTH #1: "Vaccination causes significant death and disability at an astounding personal and financial cost to families and taxpayers."

VACCINATION MYTH #2: "Vaccines are very effective." ...or are they?

The medical literature has a surprising number of studies documenting vaccine failure. Measles, mumps, smallpox, polio and Hib outbreaks have all occurred in vaccinated populations.[11,12,13,14,15]

In 1989 the CDC reported: "Among school-aged children, [measles] outbreaks have occurred in schools with vaccination levels of greater than 98 per cent.[16] [They] have occurred in all parts of the country, including areas that had not reported measles for years."[17] The CDC even reported a measles outbreak in a documented 100%-vaccinated population.[18]

A study examining this phenomenon concluded: "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."[19] A more recent study found that measles "...produces immune suppression which contributes to an increased susceptibility to other infections."[19a]

These studies suggest that the goal of complete immunisation is actually counterproductive—a notion underscored by instances in which epidemics followed complete immunisation of entire nations. Japan experienced yearly increases in smallpox following the introduction of compulsory vaccines in 1872. By 1892 there were 29,979 deaths, and all had been vaccinated.[20] Early in this century, the Philippines experienced their worst smallpox epidemic ever, after eight million people received 24.5 million vaccine doses; the death rate quadrupled as a result.[21] In 1989 Oman experienced a widespread polio outbreak six months after achieving complete vaccination.[22] In the US in 1986, 90% of 1,300 pertussis cases in Kansas were "adequately vaccinated".[23] In the 1993 Chicago pertussis outbreak, 72% of cases were fully up-to-date with their vaccinations.[24]

VACCINATION TRUTH #2: "Evidence suggests that vaccination is an unreliable means of preventing disease."

VACCINATION MYTH #3: "Vaccines are the main reason for low disease rates in the US today." ...or are they?

According to the British Association for the Advancement of Science, childhood diseases decreased 90% between 1850 and 1940, paralleling improved sanitation and hygiene practices well before mandatory vaccination programs were introduced.

Infectious disease deaths in the US and England declined steadily by an average of about 80% during this century prior to vaccinations (measles mortality declined over 97%).[25] In Great Britain, the polio epidemics peaked in 1950 and had declined 82% by the time the vaccine was introduced there in 1956.

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Thus, at best, vaccinations can be credited with only a small percentage of the overall decline in disease-related deaths this century. Yet even this small portion is questionable, as the rate of decline remained virtually the same after vaccines were introduced. Furthermore, European countries that refused immunisation for smallpox and polio saw the epidemics end—as did those in the countries that mandated the immunisation. (In fact, both smallpox and polio immunisation campaigns were followed initially by significant disease incidence increases. During smallpox vaccination campaigns, other infectious diseases continued their declines in the absence of vaccines. In England and Wales, smallpox disease and vaccination rates eventually declined simultaneously over a period of several decades.[26])

It is thus impossible to say whether or not vaccinations contributed to the continuing decline in disease death rates, or if the same forces which brought about the initial declines—improved sanitation, hygiene, improvements in diet, natural disease cycles—were simply unaffected by the vaccination programs. Underscoring this conclusion was a recent World Health Organization report which found that the disease and mortality rates in third world countries have no direct correlation with immunisation procedures or medical treatment, but are closely related to the standard of hygiene and diet.[27] Credit given to vaccinations for our current disease incidence has simply been grossly exaggerated, if not outright misplaced.

Vaccine advocates point to incidence statistics rather than mortality as proof of vaccine effectiveness. However, statisticians tell us that mortality statistics can be a better measure of incidence than the incidence figures themselves, for the simple reason that the quality of reporting and record-keeping is much higher on fatalities.[28] For instance, a recent survey in New York City revealed that only 3.2% of paediatricians were actually reporting measles cases to the health department. In 1974, the CDC determined that there were 36 cases of measles in Georgia, while the Georgia State Surveillance System reported 660 cases.[29] In 1982, Maryland state health officials blamed a pertussis epidemic on a television program, *DPT—Vaccine Roulette*, which warned of the dangers of DPT. However, when Dr J. Anthony Morris, former top virologist for the US Division of Biological Standards, analysed the 41 cases, only five were confirmed and all had been vaccinated.[30] Such instances as these demonstrate the fallacy of incidence figures, yet vaccine advocates tend to rely on them indiscriminately.

VACCINATION TRUTH #3: "It is unclear what impact vaccines had on infectious disease declines that occurred throughout this century."

VACCINATION MYTH #4: "Vaccination is based on sound immunisation theory and practice." ...or is it?

The clinical evidence for vaccinations is their ability to stimulate antibody production in the recipient—a fact which is not disputed. What is not clear, however, is whether or not such antibody production constitutes immunity. For example, agammaglobulin-anaemic children are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as do other children.[31]

Furthermore, a study published by the British Medical Council in 1950 during a diphtheria epidemic concluded that there was no relationship between antibody count and disease incidence; researchers found resistant people with extremely low antibody counts and sick people with high counts.[32]

Natural immunity is a complex phenomenon involving many organs and systems; it cannot be fully replicated by the artificial stimulation of antibody production.

Research also indicates that vaccination commits immune cells to the specific antigens involved in the vaccine, rendering them incapable of reacting to other infections. Our immunological reserve may thus actually be reduced, causing a generally lowered resistance.[33]

Another component of immunisation theory is "herd immunity", which states that when enough people in a community are immunised, all are protected. As Myth #2 revealed, there are many documented instances showing just the opposite: fully vaccinated populations do contract diseases. With measles, this actually seems to be the direct result of high vaccination rates.[19]

A Minnesota state epidemiologist concluded that the Hib vaccine increases the risk of illness, when a study revealed that vaccinated children were five times more likely to contract meningitis than were the unvaccinated children.

Carefully selected epidemiological studies are yet another justification for vaccination programs. However, many of these may not be legitimate sources from which to draw conclusions about vaccine effectiveness. For example, if 100 people are vaccinated and five contract the disease, the vaccine is declared to be 95% effective. But if only 10 of the 100 are actually exposed to the disease, then the vaccine is really only 50% effective. Since no one is willing to directly expose an entire population—even a fully vaccinated one—to disease, vaccine effectiveness rates may not indicate a vaccine's true effectiveness.

Yet another surprising concern about immunisation practice is its assumption that all children, regardless of age, are virtually the same. An eight-pound, two-month-old receives the same dosage as a 40-pound, five-year-old. Infants with immature, undeveloped immune systems may receive five or more times the dosage (relative to body weight) as older children.

Furthermore, the number of "units" within doses has been found upon random testing to range from a half to three times what the label indicates. Manufacturing quality controls appear to tolerate a rather large margin of error. "Hot lots"—vaccine lots with disproportionately high death and disability rates—have been identified repeatedly by the NVIC, but the FDA refuses to intervene to prevent further unnecessary injury and deaths. In fact, it has never recalled a vaccine lot due to adverse reactions. Some would call this infanticide.

Finally, vaccination practice assumes that all recipients, regardless of race, culture, diet, geographic location or any other circumstances, will respond in the same way. This was perhaps never more dramatically disproved than an instance a few years ago in Australia's Northern Territory, where stepped-up immunisation campaigns resulted in an incredible *50%* infant mortality rate in the native Aborigines.[34] Researcher Archie Kalokerinos, M.D., discovered that the Aborigines' vitamin C-deficient 'junk food' diet (imposed on them by white society) was a critical factor. (Studies had already shown that vaccination depletes vitamin C reserves; and that children in shock or collapse often recovered in a matter of minutes when given vitamin C injections.) Kalokerinos considered it amazing that as many survived as did. One must wonder about the lives of the survivors, though, for if half died, surely the other half did not escape unaffected.

A Minnesota state epidemiologist concluded that the Hib vaccine increases the risk of illness, when a study revealed that vaccinated children were five times more likely to contract meningitis than were the unvaccinated children.

Almost as troubling was a very recent study in the *New England Journal of Medicine* which revealed that a substantial number of Romanian children were contracting polio from the vaccine—a less common phenomenon in most developed countries. Correlations with injections of antibiotics were found: a single injection within one month of vaccination raised the risk of polio eight times; two to nine injections raised the risk 27-fold; and 10 or more injections raised the risk 182 times (*Washington Post*, 22 February 1995).

What other factors not accounted for in vaccination theory will surface unexpectedly to reveal unforeseen or previously overlooked consequences? We will not begin to comprehend fully the scope of this danger until researchers begin looking and reporting in earnest.

In the meantime, entire countries' populations are unwitting gamblers in a game that many might very well choose not to play if they were given all the 'rules' in advance.

VACCINATION TRUTH #4: "Many of the assumptions upon which immunisation theory and practice are based have been proven false in their application."

VACCINATION MYTH #5: "Childhood diseases are extremely dangerous."
...or are they, really?

Most childhood infectious diseases have few serious consequences in today's modern world. Even conservative CDC statistics for pertussis during 1992-94 indicate a 99.8% recovery rate. In fact, when hundreds of pertussis cases occurred in Ohio and Chicago in the fall 1993 outbreak, an infectious disease expert from Cincinnati Children's Hospital said, "The disease was very mild; no one died, and no one went to the intensive care unit."

The vast majority of the time, childhood infectious diseases are benign and self-limiting. They also may impart lifelong immunity, whereas vaccine-induced immunity is only temporary.

About half of measles cases in the resurgence of the late 1980s were in adolescents and adults, most of whom were vaccinated as children.[35] Moreover, recommended booster shots may provide protection for less than six months.[36]

In fact, the temporary nature of vaccine immunity can create a more dangerous situation in a child's future. For example, the new chickenpox vaccine has an effectiveness estimated at six to 10 years. If effective, it will postpone the child's vulnerability until adulthood, when death from the disease is 20 times more likely.

Furthermore, some healthcare professionals are concerned that the virus from the chickenpox vaccine may "reactivate later in life in the form of herpes zoster (shingles) or other immune system disorders".[37] Dr A. Lavin of the Department of Pediatrics, St Luke's Medical Center in Cleveland, Ohio, strongly opposed the licensing of the new vaccine "...until we actually know...the risks involved in injecting mutated DNA [herpes virus] into the host genome [children]."[38] The truth is, *no one* knows, but the vaccine is now licensed and recommended by health authorities.

Not only are most infectious diseases rarely dangerous, but they can actually play a vital role in the development of a strong, healthy immune system. Persons who have not had measles have a higher incidence of certain skin diseases, degenerative diseases of bone and cartilage, and certain tumours; while absence of mumps has been linked to higher risks of ovarian cancer.

VACCINATION TRUTH #5: "Dangers of childhood diseases are greatly exaggerated in order to scare parents into compliance with a questionable but profitable procedure."

VACCINATION MYTH #6: "Polio was clearly one of the great vaccination success stories."
...or was it?

Six New England states reported increases in polio one year after the Salk vaccine was introduced—increases ranging from a more than doubling in Vermont to an astounding 642% in Massachusetts. In 1959, 77.5% of Massachusetts' paralytic cases had received three doses of IPV (injected polio vaccine).

During 1962 US congressional hearings, Dr Bernard Greenberg, head of the Department of Biostatistics for the University of North Carolina School of Public Health, testified

that not only did the cases of polio increase substantially after mandatory vaccinations (50% increase from 1957-58, 80% increase from 1958-59), but the statistics were manipulated by the Public Health Service to give the opposite impression.[39]

According to researcher/author Dr Viera Scheibner, 90% of polio cases were eliminated from statistics by health authorities' redefinition of the disease when the vaccine was introduced, while in reality the Salk vaccine was continuing to cause paralytic polio in several countries at a time when there were no epidemics being caused by the wild virus.

For example, in the US, thousands of cases of viral and aseptic meningitis are reported each year. These were routinely diagnosed as polio before the Salk vaccine was introduced. The number of cases needed for an epidemic to be declared was raised from 20 to 35, and the requirement for inclusion in paralysis statistics was changed from symptoms for 24 hours to symptoms for over 60 days. It is no wonder that polio decreased radically after the introduction of vaccines—at least on paper.

In 1985 the CDC reported that 87% of polio cases in the US between 1973 and 1983 were caused by the vaccine, and later declared that all but a few imported cases since were caused by the vaccine—and most of the imported cases occurred in fully immunised individuals.

Jonas Salk, inventor of the IPV, testified before a Senate subcommittee that nearly all polio outbreaks since 1961 were caused by the oral polio vaccine. At a workshop on polio vaccines, sponsored by the Institute of Medicine and the Centers for Disease Control and Prevention, Dr Samuel Katz of Duke University cited the estimated eight to 10 annual US cases of vaccine-associated paralytic polio (VAPP) in people who have taken the oral polio vaccine, and the (four-year) absence of wild polio from the western hemisphere.

Jessica Scheer of the National Rehabilitation Hospital Research Center in Washington, DC, pointed out that most parents are unaware that polio vaccination in this country entails "a small number of human sacrifices each year". Compounding this contradiction are low adverse-event reporting and the NVIC's experiences with confirming and correcting misdiagnoses of vaccine reactions, suggesting that the actual number of VAPP "sacrifices" may be many times higher than the number cited by the CDC.

VACCINATION TRUTH #6: "Vaccines caused substantial increases in polio after years of steady declines, and they are the sole cause of polio in the US today."

VACCINATION MYTH #7: "My child had no short-term reaction to vaccination, so there's nothing to worry about."
...or is there?

The documented long-term adverse effects of vaccines include chronic immunological and neurological disorders such as autism, hyperactivity, attention deficit disorders, dyslexia, allergies, cancer and other conditions, many of which were quite rare before mass vaccination programs began.

Vaccine components include known carcinogens such as thimersol, aluminium phosphate and formaldehyde. (The Poisons Information Centre in Australia claims there is no acceptable, safe amount of formaldehyde which can be injected into a living human body.)

Medical historian, researcher and author Harris Coulter, Ph.D. explained that his extensive research revealed childhood immunisation to be "...causing a low-grade encephalitis in infants on a much wider scale than public health authorities were willing to admit: about 15-20% of all children." He points out that the sequelae [conditions known to result from a disease] of encephalitis [inflammation of the brain, a known side-effect of vaccination]—autism, learning disabilities, minimal and not-so-minimal brain damage, seizures, epilepsy, sleeping and eating disorders, sexual disorders, asthma, crib death, diabetes, obesity, and impulsive violence—are precisely the disorders which afflict contemporary society.

Many of these conditions were formerly relatively rare, but they have become more common as childhood vaccination programs have expanded. Coulter also points out that "...pertussis toxoid is used to create encephalitis in lab animals."

A German study found correlations between vaccinations and 22 neurological conditions including attention deficit disorder and epilepsy. The dilemma is that viral elements in vaccines may persist and mutate in the human body for years, with unknown consequences.

Millions of children are partaking in an enormous, crude experiment; and no sincere, organised effort is being made by the medical community to track the negative side-effects or determine the long-term consequences.

VACCINATION TRUTH #7: "The long-term adverse effects of vaccinations have been virtually ignored in spite of direct correlations with many chronic conditions."

Recent epidemiological studies show homoeopathic remedies as equalling or surpassing standard vaccinations in preventing disease.

VACCINATION MYTH #8: "Vaccines are the only disease prevention option available."
...or are they?

Most parents feel compelled to take some disease-preventing action for their children. While there is no 100% guarantee anywhere, there are viable alternatives.

Historically, homoeopathy has been more effective than 'mainstream' allopathic medicine in treating and preventing disease. In a US cholera outbreak in 1849, allopathic medicine saw a 48-60% death rate, while homoeopathic hospitals had a documented death rate of only 3%.[40] Roughly similar statistics still hold true for cholera today.[41]

Recent epidemiological studies show homoeopathic remedies as equalling or surpassing standard vaccinations in preventing disease. There are reports in which populations who were treated homoeopathically after exposure had a 100% success rate: none of those treated caught the disease.[42]

Homoeopathic remedies have proved to be highly effective when taken during times of increased risk (outbreaks, travelling, etc.), and since they have no toxic components they have no side-effects. In addition, homoeopathy has been effective in reversing some of the disability caused by vaccine reactions, as well as many other chronic conditions with which allopathic medicine has had little success.[43] Homoeopathic kits for disease prevention are also available.

VACCINATION TRUTH #8: "Documented safe and effective alternatives to vaccination have been available for decades but suppressed by the medical establishment."

VACCINATION MYTH #9: "Vaccinations are legally mandated, and thus unavoidable."
...or are they?

There are three exemption possibilities in the USA:

1) Medical Exemption—All 50 states in the US allow for a medical exemption. A few states allow licensed naturopathic or chiropractic doctors, in addition to medical doctors, to issue medical exemptions. However, few paediatricians check for indications of increased risk before administering vaccines, so it is advisable for parents to research this matter for themselves. Epilepsy, severe allergies, and siblings' previous adverse reactions are but a few of the many conditions in child or family history which may increase the chances of an adverse reaction and thus qualify for medical exemption.

2) Religious Exemption—Nearly all states allow for a religious exemption. This may or may not require membership in an established religious organisation, as individual state laws vary.

3) Philosophical or Personal Exemption— An increasing number of states allow one of these exemptions, in recognition of the controversy and/or violation of freedom that mandated vaccination laws impose. Generally, exempted children may not be banned from attending public schools and colleges except during local outbreaks. It is best to contact local school officials in advance to determine their particular procedure for handling exemptions.

The best sources for obtaining a copy of your state's vaccination laws are state health officials and your public library. A phone call to the state epidemiology department may be all that it takes to get a copy mailed to you.

VACCINATION TRUTH #9: "Legal exemptions from vaccinations are obtainable for most—but not all—US citizens."

Whatever your personal vaccination decision, make it an informed one: you have that right and responsibility.
Do not use this report alone to make your vaccination decision. Find out for yourself!

VACCINATION MYTH #10: "Public health officials always place health above all other concerns."
...or do they?

Vaccination history is riddled with documented instances of deceit designed to portray vaccines as mighty disease conquerors, when many times, in fact, they have actually delayed and even reversed disease declines.

The United Kingdom's Department of Health admitted that vaccination status determined the diagnosis of subsequent diseases: those found in vaccinated patients received alternative diagnoses; hospital records and death certificates were falsified.

Today, many doctors are still reluctant to diagnose diseases in vaccinated children, and so the 'myth' about vaccine success continues. However, individual doctors may not be wholly to blame. As medical students, few have reason to question the information taught (it does not address the information presented in this report). Ironically, medicine is a field which demands conformity; there is little tolerance for opinions opposing the status quo.

Doctors cannot warn you about what they themselves do not know, and with little time for further education once they begin practice, they are in a sense held captive by a system which discourages them from acquiring information independently and forming their own opinions. Those few who dare to question the status quo are frequently ostracised, and in any case they are still legally bound to adhere to the system's legal mandates.

VACCINATION TRUTH #10: "Health officials compromise public health when they perpetuate vaccination myths that are not supported by the medical evidence."

EPILOGUE: THE CHALLENGES AHEAD

In the December 1994 *Medical Post*, Guylaine Lanctôt, M.D., Canadian author of the best-seller *The Medical Mafia*, stated: "The medical authorities keep lying. Vaccination has been a disaster on the immune system. It actually causes a lot of illnesses. We are changing our genetic code through vaccination... Ten years from now we will know that the biggest crime against humanity was vaccines."

After an extensive study of the medical literature on vaccination, Viera Scheibner, Ph.D., concluded: "...there is no evidence whatsoever of the ability of vaccines to prevent any diseases. To the contrary, there is a great wealth of evidence that they cause serious side-effects."

John B. Classen, M.D., M.B.A., has stated: "My data proves that the studies used to support immunization are so flawed that it is impossible to say if immunization provides a net benefit to anyone or to society in general. This question can only be determined by proper studies which have never been performed. The flaw of previous studies is that there was no long-term follow-up, and chronic toxicity was not looked at. The American Society of Microbiology has promoted my research...and thus acknowledges the need for proper studies."

To some, these may seem like radical positions but they are not unfounded. The continued denial of the evidence against vaccines only perpetuates the 'myths' and their negative consequences on our children and society. Aggressive and comprehensive scientific investigation is clearly warranted, yet immunisation programs continue to expand in the absence of such research. Manufacturer profits are guaranteed, while accountability for the negative effects is conspicuously absent. This is especially sad given the readily available safe and effective alternatives.

Meanwhile, the race is on. According to the NVIC, there are over 250 new vaccines being developed for everything from earaches to birth control to diarrhoea, with about 100 of these already in clinical trials. Researchers are working on vaccine delivery through nasal sprays, mosquitoes (yes, mosquitoes), and the fruits of "transgenic" plants in which vaccine viruses are grown.

With every child (and adult, for that matter) on the planet a potential, required recipient of multiple doses, and every healthcare system and government a potential buyer, it is little wonder that countless millions of dollars are spent nurturing the growing multi-billion-dollar vaccine industry. Without public outcry, we will see more and more new vaccines required of us and our children. And while profits are readily calculable, the real human costs are being ignored.

Whatever your personal vaccination decision, make it an informed one: you have that right and responsibility. It is a difficult issue, but there is more than enough at stake to justify whatever time and energy it takes. Do not use this report alone to make your vaccination decision. Find out for yourself!

Continued on page 82

Continued from page 26

Endnotes

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